



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME(Last)		(First)	(Middle)	TELEPHONE
Chikamoto		Oren	Teruo	(808) 523-6000
MAILING ADDRESS (Street)				FAX
700 Bishop Street, 15th Floor				(808) 523-6001
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington				(808) 523-6000
MAILING ADDRESS (Street)				FAX
700 Bishop Street, 15th Floor				(808) 523-6001
(City)		(State)	(Zip Code)	
Honolulu		Hawaii	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Council of Life Insurers			(202) 624-2000
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue, N.W., Suite 700			(202) 624-2319
(City)		(State)	(Zip Code)
Washington D.C.			20001-2133
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Joann Waiters			(202) 624-2177
MAILING ADDRESS (Street)			FAX
101 Constitution Avenue, N.W., Suite 700			(202) 572-4858
(City)		(State)	(Zip Code)
Washington D.C.			20001-2133

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

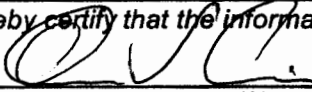
Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use ManagementOther (indicate below)
Life Insurance
Annuities
Health
InsuranceEcology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/25/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

J. Bruce Ferguson

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Senior Vice President, State Relations

NAME OF ORGANIZATION (if applicable)

American Council of Life Insurers

TELEPHONE

(202) 624-2385

MAILING ADDRESS (Street)

101 Constitution Avenue, N.W., Suite 700

FAX

(202) 624-4755

(City)

Washington D.C.

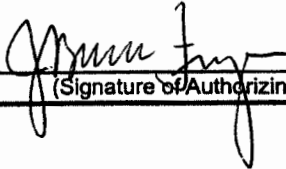
(State)

(Zip Code)

20001-2133

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

X



(Signature of Authorizing Officer or Person Represented)

2.04.05

(Date)